



Louisiana Department of Health Informational Bulletin 12-3 Revised April 17, 2019

Member ID Cards

Aetna Better Health Louisiana

AETNA BETTER HEALTH® **aetna**

Bayou Health
Member ID# 000000000-00 **Date of Birth** 00/00/0000
Member Name Last Name, First Name **Sex** X
PCP Last Name, First Name
PCP Phone/24 Hours 000-000-0000 **Effective Date** 00/00/0000

RxBIN: 610591 RxPCN: ADV RxGRP: RX8834
 Pharmacist Use Only: 1-855-364-2977

www.aetnabetterhealth.com/louisiana

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

Aetna Better Health of Louisiana 2400 Veterans Memorial Blvd., Suite 200
 Kenner, LA 70062

Members
 Member Services & Filing Grievance 24/7 **1-855-242-0802**, TTY 711
 Fraud & Abuse Hotline **1-855-725-0288** Report Medicaid Fraud **1-800-488-2917**
 24 Hour Nurse Line **1-855-242-0802** Pharmacy **1-855-242-0802**
 Vision Services **1-800-879-6901**

Emergency care: If you are having an emergency, call **911** or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Providers
 Provider Services and Prior Authorization **1-855-242-0802**

Send medical claims to
 Aetna Better Health
 P.O. Box 61808
 Phoenix, AZ 85082-1808

Electronic claims
 Payer ID 128LA

Healthy Blue

Healthy Blue **Medicaid**

Identification Number _____

Primary Care Provider (PCP):
 Telephone #: _____
 After Hours #: _____

Effective Date: _____
 Date of Birth: _____

RxBIN: 003858
 RXPCN: MA
 RXGRP: WKLA

Healthy Blue www.myhealthybluea.com

Member Services: 1-844-521-6941
 Appeals or Grievances: 1-844-521-6941
 TTY: 711
 24/7 NurseLine: 1-866-864-2544
 24/7 Behavioral Health Crisis: 1-844-812-2280
 Rides to covered services: 1-866-430-1101
 Vision Services: 1-800-787-3157

Members: Please carry this card at all times. Show this card before you get medical care (except emergencies). If you have an emergency, call 911 or go to the nearest emergency room. To file an appeal or grievance, call Member Services.

Providers/Hospitals: For preapproval/billing information, call 1-800-454-3730. For emergency admissions, notify Healthy Blue within 24 hours after treatment.

Pharmacies: Submit claims using Express Scripts. For help, call 1-844-367-6111.



Submit medical claims to:
 Healthy Blue
 P.O. Box 61010
 Virginia Beach, VA 23466-1010
 LA01 09/17

Use of this card by any person other than the member is fraud. Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917

Healthy Blue
 3850 N. Causeway Blvd.
 Metairie, LA 70002

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.


AmeriHealth Caritas

| | | | | | |
|---|--|--|--|---|--|
|  | |  | | P.O. Box 83580 Baton Rouge, LA 70884 www.amerithealthcaritasla.com | |
| DOE, JOHN PLAN ID 12345678 STATE ID 1234567890123 | | PRIMARY DOCTOR Dr. John Smith (ABC Family Practice) 123 Main Street Anytown, Louisiana 12345 PHONE 999-999-9999 | | Always carry your AmeriHealth Caritas Louisiana card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana Primary Care Physician (PCP) for medical care. | |
| SEX M DOB 01/01/01 EFFECTIVE 00/00/0000 | | PLAN CODE 355/855 | | Emergency Room: Go to an Emergency Room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify your PCP. | |
| RxBIN: 600428 RxPCN: 06030000 | | | | Out-of-Area Care: Report out-of-area care to AmeriHealth Caritas Louisiana and your PCP within 48 hours. | |
| | | | | Mental Health, Drug & Alcohol Services: Call the toll free number for your parish. If you don't know the number, call Member Services at 1-888-756-0004 . | |
| | | | | Member Services & Filing Grievances 1-888-756-0004 TTY 1-866-428-7588 Provider Services & Prior Authorization 1-888-922-0007 Report Medicaid Fraud 1-800-488-2917 To Speak with a Nurse Anytime 1-888-632-0009 Pharmacy Member Services 1-866-452-1040 TTY 1-855-294-7047 Pharmacy Provider Services 1-800-684-5502 AmeriHealth Caritas Louisiana Claims Processing P.O. Box 7322, London, Kentucky 40742 | |

Louisiana Healthcare Connections

| | | | | | | |
|--|--|--|---|--|---|--|
| Rx: US Script BIN: 008019 Name: JOHN SMITH Medicaid ID #: 1234567891011 DOB: 01/01/2012 | |  | IMPORTANT TELEPHONE NUMBERS | | IMPORTANT ADDRESSES | |
| PCP Name: JANE DOE PCP Address: 1234 Main St. City, LA 71234 PCP Phone #: (555) 555-1234 After Hours #: (555) 555-5678 | | | Members: Member Services: 1-866-595-8133 TDD/TTY: 1-877-285-4514 24/7 NurseWise: 1-866-595-8133 Vision: 1-866-595-8133 File a Grievance: 1-866-595-8133 Report Medicaid Fraud: 1-800-488-2917 | | Medical claims: Louisiana Healthcare Connections Attn: CLAIMS PO Box 4040 Farmington, MO 63640-3826 Address: Louisiana Healthcare Connections 8585 Archives Avenue Suite 310 Baton Rouge, LA 70809 | |
| If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514). NurseWise is open 24 hours a day. | | | Providers: Provider Services: 1-866-595-8133 IVR Eligibility Inquiry/Prior Authorization: 1-866-595-8133 US Script: 1-877-690-9330 Report Medicaid Fraud: 1-800-488-2917 | | Provider/claims information via the web: www.LouisianaHealthConnect.com . | |

UnitedHealthcare Community Plan



UnitedHealthcare[®] | Community Plan

Health Plan (80840) 911-87726-04


Member ID: 999999999

Member:
SUBSCRIBER BROWN

Payer ID: 87726

PCP Name:
PROVIDER BROWN
PCP Phone/24 hours: (999)999-9999
PCP Clinic Name
1234 Address Street
Anywhere, LA 12345

DOB:
02/08/2012



OPTUMRx[®]

Rx Bin: 610494
Rx Grp: ACULA
Rx PCN: 9999

0501 Administered by UnitedHealthcare Community Plan, Inc

In an emergency go to nearest emergency room or call 911.

Printed: XX/XX/XX



This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider visit the website www.MyUHC.com/CommunityPlan.

For Members:
NurseLine:
Report Fraud:

1-866-675-1607
1-877-440-9409
1-800-488-2917

TTY 711
TTY 711
TTY 711

For Providers
Medical Claims:

www.UnitedHealthcareOnline.com
PO Box 31341, Salt Lake City, UT 84131-0341

1-866-675-1607

Pharmacy Claims: OptumRx, PO Box 29044, Hot Springs, AR 71903
For Pharmacist: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826

DXC Technology-Issued Medicaid Card

Healthy Louisiana



LOUISIANA
DEPARTMENT OF HEALTH
Medicaid



CCN:

EMERGENCIES - Call 911 or go to the nearest emergency room (ER)

CARDHOLDER

Eligibility Card/Medicaid Coverage Questions
Health Plan Information

1-888-342-6207
www.myplan.healthyla.gov
1-855-229-6848

MEDICAID PROVIDER

This card is for identification purposes. It is not proof of current eligibility.
Voice Recipient Eligibility Verification (REVS)
Medicaid Eligibility Verification (MEVS)

1-800-776-6323
www.lamedicaid.com or your
eligibility verification service

Report Medicaid Fraud/Abuse
Pharmacy Help Desk

1-800-488-2917
1-800-648-0790

Louisiana Department of Health
Revisions are underlined.

Healthy Louisiana
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Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Healthy Louisiana Plan:

| | | | | | | | |
|--------------------|-------------------------|---------------------|--------------|----------------------|------------|------------------|------------|
| Search Type | Recipient ID and DOB | Recipient ID | 777777777777 | Date of Birth | 12/12/2011 | Plan Date | 01/16/2015 |
|--------------------|-------------------------|---------------------|--------------|----------------------|------------|------------------|------------|

Subscriber Information

| | |
|----------------------|--|
| Name | LOUANNA , LOUIS |
| Subscriber ID | 777777777777 |
| Date of Birth | 12/12/2011 |
| Sex | Male |
| Address | 11223 MAPLE STREET CLEAR LAKE LA 76666-0000 |

Provider Information

| | |
|---------------------|-------------------------------------|
| Provider | <u>LDH</u> EXEC MGMT/MOLINA PBMSTAF |
| NPI | 7777777773 |
| Submitter ID | 2252166370 |

For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.

Health Benefit Plan Coverage

| Benefit | Service Type Code | Insurance Type | Plan Coverage Description |
|---------------------------------|------------------------------|----------------|---|
| Active Coverage | Health Benefit Plan Coverage | Medicaid | Eligible for Medicaid on Plan Date. Plan Begin Date 01/01/2015 |
| Deductible | Health Benefit Plan Coverage | Medicaid | Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network. |
| Deductible | Health Benefit Plan Coverage | Medicaid | Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network. |
| Benefit Description | Health Benefit Plan Coverage | Medicaid | PREFERRED LANGUAGE: ENGLISH |
| Managed Care Coordinator | Medical Care | Medicaid | <u>HEALTHY LOUISIANA</u> PLAN Benefit Begin 04/01/2012 PHARMACY PBM IS USSCRIPT Managed Care Organization LOUISIANA HEALTHCARE CONNECTI Telephone (866) 595-8133 |
| Active Coverage | Dental Care | Medicaid | DENTAL BENEFITS PLAN MANAGER Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net |
| Active Coverage | | Medicaid | Eligible for Medicaid on Plan Date. : Dental Care, Hospital - Inpatient, Hospital - Outpatient, Pharmacy |
| Co-Insurance | | Medicaid | MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient |

Co-Payment

Medicaid

MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Hospital - Inpatient, Hospital - Outpatient

Please Note: Individual coverage level applies to all benefits.

Request Reference Number 1209996201501160333333

Response Reference Number 201501160088822

Transaction run on 01/16/2015 at 03:08:24 CT by LAMedicaid - Louisiana Medicaid

Screenshot for an individual enrolled in Legacy Medicaid: